

**KENTUCKY BOARD OF LICENSURE AND CERTIFICATION FOR DIETITIANS AND
NUTRITIONISTS**

APPLICATION FOR LICENSURE/CERTIFICATION

(Please print or type all information)

Type of Licensure/Certification for which you are applying: (check appropriate space)

Licensed Dietitian _____

Certified Nutritionist _____

Dual Licensure/Certification _____

Application Fee

\$ 50.00

\$ 50.00

\$100.00

GENERAL INFORMATION

1. Name: _____
Last First Middle

2. Social Security No: ____/____/____

3. Date of Birth: ____/____/____
Mo Day Yr

3. Home Address: _____
Street City State Zip

4. Business Name: _____

5. Business Address: _____
Street City State Zip

6. Home Phone: () ____-____ Business Phone: () ____-____

7. Do you currently hold a valid registration as a "Registered Dietitian"? ____ Yes ____ No
If yes, Registration Number: ____ Expiration Date: ____

8. Have you ever made application and failed to receive a license or certificate in any state?
____ Yes ____ No State: ____ If yes, give reason application was denied:

9. Has your license or certificate ever been suspended or revoked? ____ Yes ____ No
If yes, give details: _____

10. Have you ever been convicted of a felony? ____ Yes ____ No
If yes, explain: _____

11. Are you a member of the military? N/A ____ Active ____ Reserve ____ National Guard ____

EDUCATION (KRS 310.010, Section A)

School	Name and Location	Dates Attended		Date of Graduation		Credit Hours	Degrees Obtained
		To	From	Month	Year		
Undergraduate							
Graduate							

NOTE:

Applicants for certified nutritionist must submit a certified copy of the official transcript of masters degree (or higher). The transcript may be enclosed with the application or mailed directly to the Board office. Application cannot be reviewed until the necessary transcript(s) have been received.

Applicants for dietitian are required to enclose a copy of current registration card issued by the Commission on Dietetic Registration or a letter indicating successful completion of the Registration Examination. American Dietetic Association membership cards are not acceptable.

APPLICANTS AFFIDAVIT

I DO HEREBY AFFIRM THAT ALL STATEMENTS MADE HERewith ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. FURTHERMORE, I VOLUNTARILY CONSENT TO A THOROUGH INVESTIGATION OF MY PRESENT AND PAST EMPLOYMENT AND OTHER ACTIVITIES FOR THE PURPOSE OF VERIFYING MY QUALIFICATION FOR LICENSURE/CERTIFICATION. IN ADDITION, I AGREE TO FURNISH THE BOARD WITH ANY INFORMATION WHICH MAY SUBSEQUENTLY BE REQUESTED FOR THE PURPOSE OF VERIFYING MY QUALIFICATIONS.

Signature: _____ **Date:** _____

Application, along with a check, made payable to **THE KENTUCKY STATE TREASURER** should be sent to:

The Kentucky Board of Licensure and Certification for Dietitians and Nutritionists
P.O. Box 1360
Frankfort, KY 40602

DO NOT WRITE BELOW THIS LINE – FOR BOARD USE ONLY

Board Review Date: _____

Approved: _____ Denied: _____ Deferred: _____

Comments: _____

First Review Initials: (1) _____ (2) _____

Second Review Initials: (1) _____ (2) _____